

**YEZTUGO  
(lenacapavir)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 12 years of age or older

**Diagnosis**

Patient must have the following:

1. Used for pre-exposure prophylaxis (PrEP) of HIV-1 infection
  - a. Weight  $\geq$  35kg
  - b. Patient is at risk for sexually acquired HIV-1 infection
  - c. Patient is confirmed HIV-1 infection status negative using a test cleared by the FDA for the diagnosis of acute or primary HIV-1 infection
  - d. Yeztugo will be administered by a healthcare professional
  - e. Prescriber agrees to confirm the patient is HIV-1 infection status negative before each injection
  - f. Prescriber agrees to transition patient to a complete HIV-1 treatment regimen if the patient acquires HIV-1 infection during treatment with Yeztugo
  - g. Prescriber has counseled the patient regarding the required injection dosing schedule and the importance of adherence to scheduled dosing visits

**Prior - Approval Limits**

**Quantity** 4 tablets and 4 vials

**Duration** 12 months

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**Prior – Approval *Renewal* Requirements**

Same as above

**Prior - Approval *Renewal* Limits**

**Quantity** 4 vials

**Duration** 12 months